



12-19-05

[Handwritten signature]

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 12/02/2005

BACON & THOMAS, PLLC
625 STATES LANE
4 TH FLOOR
ALEXANDRIA, VA 22314-1176

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/676,039	10/02/2003	Heng-Te Yang	AMI-2632	6935

TITLE OF INVENTION: SERVING TRAY WITH FUNCTION OF KEEPING FOOD FRESH

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	03/02/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
JOHNSON, BLAIR M	1634	211-078000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 1.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Heng-Te Yang
Typed or printed name _____

Date Dec. 15, 2005
Registration No. _____

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

12/20/2005 TBESHAR2 00000105 10676039
700.00 00
300.00 00
02 FC:2501



Mail Stop ISSUE FEE
Commissioner for Patents

Atty/Docket #: AMI-2632

P. O. BOX 1450
Alexandria, Virginia 22313-1450
U.S.A.

paying ISSUE FEE

U.S. Patent Application No. : 10/676,039
Filing Date: 2003/10/2
Inventor(s) : Heng-Te YANG (YANG is the last name)
Title : SERVING TRAY WITH FUNCTION OF KEEPING
FOOD FRESH

Dear Sirs :

**** The date due of paying the issue fee and publication fee is on/befor 2006/3/2 .****

DELIVER TO: ☒ MAIL ROOM ☐ ART UNIT: _____ ☐ _____
Special Instructions: _____

The PTO stamp hereon acknowledges receipt of :

- | | |
|--|---|
| <input type="checkbox"/> Amendment/ Response | <input type="checkbox"/> Missing Parts Response W/Decl. |
| <input type="checkbox"/> Assignment | <input type="checkbox"/> Appeal Brief (Triplicate) |
| <input type="checkbox"/> Notice of Appeal | <input type="checkbox"/> Priority Document(s) |
| <input type="checkbox"/> Extension of Time Peth | <input type="checkbox"/> Prelim. Amendment |
| <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Information Discl. Stmt./refs. |
| <input type="checkbox"/> Reply Brief (Triplicate) | <input type="checkbox"/> Substitute Declaration |
| <input type="checkbox"/> Sm. Ent. Statements | |
| <input type="checkbox"/> inv. <input type="checkbox"/> Sm. Bus. <input type="checkbox"/> Non-inv. <input type="checkbox"/> Non-Profit. | |
| <input type="checkbox"/> Request for Refund <input type="checkbox"/> _____ | |
| <input type="checkbox"/> Communication To: _____ | |

(X) A Check [No. 161114 Date : 2005/12/13]

Amount : USD1000.00 , including :
Issue Fee : USD700.00
Publication Fee: USD300.00

(X) PART B-ISSUE FEE TRANSMITTAL

Date: 2005/12/15

Patentee (s) :

Heng-Te YANG
(YANG is the last name)

中華民國郵政
REPUBLIC OF CHINA
POSTAGE 704008-007
15.12.05-18
TAIWAN R.O.C.
SN 003643 86768435

RECEIVED
DEC 19 2005
USPTO MAIL CENTER

中華郵政
ROC(TAIWAN)POST
國際快捷郵件
EXPRESS MAIL SERVICE

* E E 3 9 4 8 6 7 8 2 4 T W *

郵件編號 Serial No. **EE394867824TW**

BEST AVAILABLE COPY

件，以供郵局經辦人員抄錄身分證字號。
件，以父寄之物品為光碟者，應出示身分證

(第一聯) 寄件人證明書 (PROOF OF DELIVERY)

Contract No. 合約編號 寄件人姓名地址 Sender's name & address SANDER PATENT AND TRADEMARK OFFICE ROOM 2, 4TH FLOOR, NO. 12, CHUNG-HUA ROAD, YUNG-KANG CITY, TAINAN HSIEN, TAIWAN, R.O.C. 郵遞區號: TAIWAN () 電話 Tel. 06-3132447		To: 收件人姓名地址 Addressee's name & address Mail Stop ISSUE FEE Commissioner for Patents P. O. BOX 1450 Alexandria, Virginia 22313-1450 U.S.A. 電話: (703) 308-4357 Tel.: (800) 786-9199	
Customs Declaration 報關單 <input type="checkbox"/> 貨樣 Sample <input type="checkbox"/> 禮品 Gift <input checked="" type="checkbox"/> 文件 Document	Contents 內裝物品 documents (441-2632)	Value 價值 NT\$	Total Weight 總重量 kg 368
Date mailed 交寄日期 (西曆) 2005 年 (Y) 12 月 (M) 18 日 (D)		Insurance 保險 <input type="checkbox"/> Yes <input type="checkbox"/> No Amount Insured NT\$ 保價金額 郵局經辦員簽章: _____ Date/Time of delivery Signature of recipient	
Office of Origin 原寄郵局 TN 8		I certify that all information provided by me is true and that this article does not contain any hazardous or prohibited item. 茲證明本人所填資料屬實且無寄任何危險及禁寄之物品 寄件人簽章 Signature of Sender T. Hsiao Date: 2005/12/18	
Postage 郵資 營業郵資券 270 元 NT\$ 自備郵資券 _____ 元 NT\$ 自備郵票 _____ 元 NT\$		93.4	

請參閱反面注意事項 SEE REVERSE FOR INSTRUCTION 98-00-15-22

一式五份請用力書寫